

# The Family Court of the State of Delaware

For ☐ New Castle ☐ Kent ☐ Sussex County

Date Financial Report/Pre-Trial Order Filed with the Court: \_\_\_\_\_

## ***EZ FINANCIAL REPORT/PRE-TRIAL ORDER***

CASE NUMBER:

PETITION NUMBER:

FILE NUMBER:

PETITIONER'S NAME, ADDRESS AND SS#

RESPONDENT'S NAME, ADDRESS AND SS#

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HOME PHONE: (    )

HOME PHONE: (    )

WORK PHONE: (    )

WORK PHONE: (    )

PETITIONER'S ATTORNEY NAME AND ADDRESS

RESPONDENT'S ATTORNEY NAME AND ADDRESS

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Check Relief requested by Parties:

Petitioner (P)

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1. Property Division
2. Permanent Alimony
3. Temporary Alimony
4. Child Support
5. Attorney's Fees and Costs
6. Custody
7. Visitation

Respondent (R)

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### **I. FAMILY INFORMATION**

A. Dates of: Marriage:

Separation:

Divorce:

B. Name and age of minor children of the parties. Indicate with whom the child resides: Mother (M); Father (F); Other (O).

C. Describe any financial obligations to other dependents, if any.

Petitioner (P)

Respondent (R)

## **II. PERSONAL INFORMATION**

	<u>Petitioner</u>	<u>Respondent</u>
A. Date of Birth:		
B. Education:		
C. Describe employment history. (Include type of work, dates and length of employment, salary history and reason employment was terminated.)		
	<u>Petitioner</u>	<u>Respondent</u>

## **III. EMPLOYMENT AND INCOME INFORMATION**

- A. List annual gross income for last three (3) years, including both earned (employment) and unearned (interest, dividends, non-taxable reportable income, Federal and State tax refunds, other returns or investments, etc) ATTACH FEDERAL AND STATE RETURNS AND W-2 FORMS FOR PAST THREE (3) YEARS.

<u>Petitioner</u>		<u>Respondent</u>
(YEAR)	\$	(YEAR)
(YEAR)	\$	(YEAR)
(YEAR)	\$	(YEAR)

- B. Indicate average monthly payroll deduction of each party during preceding twelve (12) months (if paid weekly, multiply by 52 and divide by 12; if paid on alternate weeks, multiply by 26 and divide by 12; if paid twice per month, multiply by 2).

	<u>Petitioner</u>	<u>Respondent</u>
1. Federal	\$ _____	\$ _____
2. State	\$ _____	\$ _____
3. City	\$ _____	\$ _____
4. FICA	\$ _____	\$ _____
5. Other mandatory deductions such as union dues; required pension contributions; credit union payments. (list item and amount)	\$ _____	\$ _____
	\$ _____	\$ _____
6. Other voluntary deductions such as life, health, and/or dental insurance; optional pension plan. (list item and amount)	\$ _____	\$ _____
	\$ _____	\$ _____

### **III. INCOME INFORMATION (continued)**

	<u>Petitioner</u>	<u>Respondent</u>
7. Wage attachments	\$ _____	\$ _____
8. Monthly business expenses	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

C. Identify all benefits provided by employer and state estimated value thereof (car, apartment, profit sharing, etc., but excluding health and/or insurance policies).

<u>Petitioner</u>		<u>Respondent</u>	
<u>Benefit</u>	<u>Estimated value</u>	<u>Benefit</u>	<u>Estimated Value</u>
	\$ _____		\$ _____
	\$ _____		\$ _____

### **IV. EXPENSE INFORMATION**

A. Monthly expenses (1/12 of actual payments made during preceding twelve (12) months and present or projected costs based on recent experience).

	<u>PETITIONER</u>	<u>RESPONDENT</u>
Rent	\$ _____	\$ _____
Mortgage (tax, insurance & escrow)	\$ _____	\$ _____
Water	\$ _____	\$ _____
Sewer	\$ _____	\$ _____
Electric	\$ _____	\$ _____
Gas and Oil	\$ _____	\$ _____
Garbage	\$ _____	\$ _____
Cable T.V.	\$ _____	\$ _____
Telephone	\$ _____	\$ _____
Groceries (including household & personal items)	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Health Insurance	\$ _____	\$ _____
Out-of-pocket medical expenses	\$ _____	\$ _____
Medical expenses for children	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Child care costs	\$ _____	\$ _____
Other (list item and amount)	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

## **V. DEBTS OF THE PARTIES**

Please complete the chart below with respect to each debt resulting from this marriage. If you have been making installment payments, identify which ones and how many you have made in the NOTES column.

CREDITOR	TITLE (J), (P), (R)	DATE INCURRED	PAYMENT AMOUNT	BALANCE DUE	NOTES
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

## **VI. ASSETS OF THE PARTIES**

### REAL PROPERTY

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Present Mortgage Balance: \$ \_\_\_\_\_

Title Held By: \_\_\_\_\_

(PETITIONER)

(RESPONDENT)

Present Market Value: \$ \_\_\_\_\_

\$ \_\_\_\_\_

Source of Down-Payment: \$ \_\_\_\_\_

\$ \_\_\_\_\_

### CHECKING ACCOUNTS/SAVINGS ACCOUNTS

Bank	Account Number	Present Balance	Title (J), (P), (R)
		\$	
		\$	
		\$	

### TITLED PROPERTY (DMV TITLE CERTIFICATE)

Make, Model, & Year	Date Acquired	Present Value	Balance on Loan	Title (J), (P), (R)	Basis for Non-Marital Claim	
		\$	\$		(P)	(R)
		\$	\$		(P)	(R)

### HOUSEHOLD FURNISHINGS AND PERSONAL PROPERTY

Item	Present Value		Basis for Non-Marital Claim	
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)

	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)
	(P)\$	(R)\$	(P)	(R)

### OTHER

Please list any asset not specified in any of the preceding categories and indicate present value, percentage claimed and, if applicable, the basis for the claim that the asset is non-marital property.

Item	Present Value	Title (J), (P), (R)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

### PENSION PLAN

If you participate in a pension plan at your place of business or employment, please attach a copy of the plan and state the amount of your monthly contribution, the date that your pension matures, and the anticipated date of your retirement.

#### Petitioner

Plan	Monthly Contribution	Date of Maturation	Retirement Date
	\$		

#### Respondent

Plan	Monthly Contribution	Date of Maturation	Retirement Date
	\$		

### RETIREMENT PLAN

If you have a retirement plan other than your pension plan at your place of employment and your Social Security benefits, please describe the plan (such as IRA, Plumbers Union, etc.) and state the present value and maturity date.

Plan Description	Present Value		Maturity date	Basis for Non-Marital Claim	
	(P)\$	(R)\$		(P)	(R)
	(P)\$	(R)\$		(P)	(R)

Plan Description	Present Value		Maturity date	Basis for Non-Marital Claim	
	(P)\$	(R)\$		(P)	(R)
	(P)\$	(R)\$		(P)	(R)

**BY SIGNING THIS DOCUMENT, BOTH PARTIES HEREBY CERTIFY, SUBJECT TO CIVIL AND CRIMINAL PENALTIES, THAT THEY HAVE ACCURATELY SET FORTH ALL THEIR INCOME, ASSETS AND DEBTS.**

STATE OF DELAWARE :  
 : SS.  
COUNTY OF \_\_\_\_\_:

STATE OF DELAWARE :  
 : SS.  
COUNTY OF \_\_\_\_\_:

**BE IT REMEMBERED**, that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, appeared before me, a subscriber, a Notary Public for the State and County aforesaid, \_\_\_\_\_ who, being by me duly sworn according to law, did dispose and say that the foregoing answers are true and correct to the best of his/her knowledge and belief.

**BE IT REMEMBERED**, that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, appeared before me, a subscriber, a Notary Public for the State and County aforesaid, \_\_\_\_\_ who, being by me duly sworn according to law, did dispose and say that the foregoing answers are true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
PETITIONER

\_\_\_\_\_  
RESPONDENT

\_\_\_\_\_  
COUNSEL FOR PETITIONER

\_\_\_\_\_  
COUNSEL FOR RESPONDENT

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

SO ORDERED THIS \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE/COMMISSIONER